

Fill in this information to identify the case:

Debtor Leisure Investments Holdings LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 25-10606

Modified Official Form 410
Proof of Claim

12/24

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Elizabeth Schumacher
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Beth Schumacher

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Where should notices to the creditor be sent? See summary page
Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Contact phone 9197238302 Contact phone _____
Contact email erschumacher10@gmail.com Contact email _____
Uniform claim identifier (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 8322.44. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Improperly taken wages and medical bill reimbursement

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes. Check all that apply:	
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ <u>919.44</u>
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ <u>7403.00</u>
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 05/07/2025
MM / DD / YYYY

/s/Elizabeth Schumacher
Signature

Print the name of the person who is completing and signing this claim:

Name Elizabeth Schumacher
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1434 | International (310) 751-2633

Debtor: 25-10606 - Leisure Investments Holdings LLC		
District: District of Delaware		
Creditor: Elizabeth Schumacher Elizabeth Schumacher 500 Augusta Road Apartment 509 Panama City Beach, FL, 32407 United States Phone: 9197238302 Phone 2: Fax: Email: erschumacher10@gmail.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: Beth Schumacher	Amends Claim: No Acquired Claim: No	
Basis of Claim: Improperly taken wages and medical bill reimbursement	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 8322.44	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 919.44 11 U.S.C. §507(a)(5): 7403.00	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Elizabeth Schumacher on 07-May-2025 1:25:04 p.m. Pacific Time Title: Company:		

Company Code Loc/Dept Number Page
 R177MH 20728175 01/51 2683592 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 02/10/2025
 Period Ending: 02/23/2025
 Pay Date: 03/04/2025

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular			0.00	5124.00
Other		0.00	1281.00	1441.14
Gross Pay			\$1,281.00	\$6,565.14
Statutory Deductions				
			this period	year to date
Federal Income			-85.97	449.06
Social Security			-74.68	383.29
Medicare			-17.46	89.64
Voluntary Deductions				
			this period	year to date
*Med 125			-76.62	383.10
Net Pay			\$1,026.27	

Deposits	account number	transit/ABA	amount
	[REDACTED]	XXXXXXXXXX	1026.27

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 03/04/2025

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	1026.27

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Company Code Loc/Dept Number Page
 R1 / 7MH 20728175 01/51 2673490 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 01/27/2025
 Period Ending: 02/09/2025
 Pay Date: 02/19/2025

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	5124.00
Other			0.00	160.14
Gross Pay			\$1,281.00	\$5,284.14
Statutory Deductions			this period	year to date
Federal Income			-85.97	363.09
Social Security			-74.67	308.61
Medicare			-17.47	72.18
Voluntary Deductions			this period	year to date
*Med 125			-76.62	306.48
Net Pay			\$1,026.27	

Deposits account number	transit/ABA	amount
[REDACTED]	XXXXXXXXXX	1026.27

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 02/19/2025

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	1026.27

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Company Code Loc/Dept Number Page
 RT177MH 20728175 01/51 2665160 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 01/13/2025
 Period Ending: 01/26/2025
 Pay Date: 02/07/2025

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	3843.00
Other		0.00	32.04	160.14
Gross Pay			\$1,313.04	\$4,003.14
Statutory Deductions			this period	year to date
Federal Income			-89.81	277.12
Social Security			-76.65	233.94
Medicare			-17.93	54.71
Voluntary Deductions			this period	year to date
*Med 125			-76.62	229.86
Net Pay			\$1,052.03	

Deposits	account number	transit/ABA	amount
	[REDACTED]	XXXXXXXXXX	1052.03

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,236.42
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 02/07/2025

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	1052.03

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Company Code Loc/Dept Number Page
 R177MH 20728175 01/51 2651801 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 12/30/2024
 Period Ending: 01/12/2025
 Pay Date: 01/21/2025

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	2562.00
Other		0.00	128.10	128.10
Gross Pay			\$1,409.10	\$2,690.10
Statutory Deductions				
			this period	year to date
Federal Income			-101.34	187.31
Social Security			-82.62	157.29
Medicare			-19.32	36.78
Voluntary Deductions				
			this period	year to date
*Med 125			-76.62	153.24
Net Pay			\$1,129.20	

Deposits	transit/ABA	amount
account number		
	XXXXXXXXXX	1129.20

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,332.48
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 01/21/2025

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit		XXXXXXXXXX	1129.20

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Company Code Loc/Dept Number Page
 R177MH 20728175 01/51 2639999 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 12/16/2024
 Period Ending: 12/29/2024
 Pay Date: 01/07/2025

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	1281.00
Gross Pay			\$1,281.00	\$1,281.00

Statutory Deductions	this period	year to date
Federal Income	-85.97	85.97
Social Security	-74.67	74.67
Medicare	-17.46	17.46
Voluntary Deductions	this period	year to date
*Med 125	-76.62	76.62
Net Pay	\$1,026.28	

Deposits	transit/ABA	amount
account number	XXXXXXXXXX	1026.28

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 01/07/2025

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit		XXXXXXXXXX	1026.28

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 RT 77MH 20728175 01/51 2635367 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 12/02/2024
 Period Ending: 12/15/2024
 Pay Date: 12/31/2024

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	33941.85
Other			0.00	100.00
Gross Pay			\$1,281.00	\$34,041.85
Statutory Deductions			this period	year to date
Federal Income			-88.06	2331.05
Social Security			-74.67	1987.08
Medicare			-17.46	464.72
Voluntary Deductions			this period	year to date
*Med 125			-76.62	1992.12
Net Pay			\$1,024.19	

Deposits	account number	transit/ABA	amount
	[REDACTED]	XXXXXXXXXX	1024.19

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 12/31/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	1024.19

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Company Code Loc/Dept Number Page
 R177MH 20728175 01/51 2628754 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 11/18/2024
 Period Ending: 12/01/2024
 Pay Date: 12/20/2024

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	32660.85
Other			0.00	100.00
Gross Pay			\$1,281.00	\$32,760.85
Statutory Deductions				
			<u>this period</u>	<u>year to date</u>
Federal Income			-88.06	2242.99
Social Security			-74.67	1912.41
Medicare			-17.47	447.26
Voluntary Deductions				
			<u>this period</u>	<u>year to date</u>
*Med 125			-76.62	1915.50
Net Pay			\$1,024.18	

Deposits	account number	transit/ABA	amount
	[REDACTED]	XXXXXXXXXX	1024.18

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 12/20/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	1024.18

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Company Code Loc/Dept Number Page
 R177MH20728175 01/51 2617128 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 11/04/2024
 Period Ending: 11/17/2024
 Pay Date: 12/06/2024

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	640.50	30739.35
Other			0.00	100.00
Gross Pay			\$640.50	\$30,839.35
Statutory Deductions			this period	year to date
Federal Income			-16.77	2130.50
Social Security			-34.96	1798.03
Medicare			-8.18	420.51
Voluntary Deductions			this period	year to date
*Med 125			-76.62	1838.88
Net Pay			\$503.97	

Deposits account number	transit/ABA	amount
[REDACTED]	XXXXXXXXXX	503.97

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$563.88
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 12/06/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	503.97

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Company Code Loc/Dept Number Page
 R177MH20728175 01/51 2599374 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 10/21/2024
 Period Ending: 11/03/2024
 Pay Date: 11/13/2024

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	30098.85
Other			0.00	100.00
Gross Pay			\$1,281.00	\$30,198.85
Statutory Deductions				
			this period	year to date
Federal Income			-88.06	2113.73
Social Security			-74.67	1763.07
Medicare			-17.46	412.33
Voluntary Deductions				
			this period	year to date
*Med 125			-76.62	1762.26
Net Pay			\$1,024.19	

Deposits	account number	transit/ABA	amount
	[REDACTED]	XXXXXXXXXX	1024.19

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages.

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 11/13/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	1024.19

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 R17 7MH 20728175 01/51 2583555 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

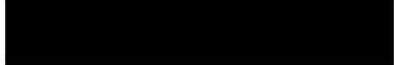
Earnings Statement



Period Starting: 10/07/2024
 Period Ending: 10/20/2024
 Pay Date: 10/29/2024

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	28817.85
Other			0.00	100.00
Gross Pay			\$1,281.00	\$28,917.85
Statutory Deductions				
			this period	year to date
Federal Income			-88.06	2025.67
Social Security			-74.67	1688.40
Medicare			-17.47	394.87
Voluntary Deductions				
			this period	year to date
*Med 125			-76.62	1685.64
Net Pay			\$1,024.18	

Deposits	transit/ABA	amount
account number		
[Redacted]	XXXXXXXXXX	1024.18

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 10/29/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[Redacted]	XXXXXXXXXX	1024.18

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Company Code Loc/Dept Number Page
 R1 / 7MH 20728175 01/51 2572094 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 09/23/2024
 Period Ending: 10/06/2024
 Pay Date: 10/11/2024

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	27536.85
Other			0.00	100.00
Gross Pay			\$1,281.00	\$27,636.85
Statutory Deductions				
			<u>this period</u>	<u>year to date</u>
Federal Income			-88.06	1937.61
Social Security			-74.68	1613.73
Medicare			-17.46	377.40
Voluntary Deductions				
			<u>this period</u>	<u>year to date</u>
*Med 125			-76.62	1609.02
Net Pay			\$1,024.18	

Deposits	transit/ABA	amount
account number		
[REDACTED]	XXXXXXXXXX	1024.18

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38.
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 10/11/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[REDACTED]	XXXXXXXXXX	1024.18

THIS IS NOT A CHECK

Company Code Loc/Dept Number Page
 R1 / 7MH 20728175 01/51 2561751 1 of 1
 GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Earnings Statement



Period Starting: 09/09/2024
 Period Ending: 09/22/2024
 Pay Date: 10/01/2024

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 1 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Elizabeth Schumacher



Earnings	rate	hours/units	this period	year to date
Regular		0.00	1281.00	26255.85
Other			0.00	100.00
Gross Pay			\$1,281.00	\$26,355.85
Statutory Deductions				
			this period	year to date
Federal Income			-88.06	1849.55
Social Security			-74.67	1539.05
Medicare			-17.46	359.94
Voluntary Deductions				
			this period	year to date
*Med-125			-76.62	1532.40
Net Pay			\$1,024.19	

Deposits	transit/ABA	amount
account number		
[Redacted]	XXXXXXXXXX	1024.19

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are \$1,204.38
 * Excluded from Federal taxable wages

GULF WORLD MARINE PARK INC
 15412 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413

Pay Date: 10/01/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	[Redacted]	XXXXXXXXXX	1024.19

THIS IS NOT A CHECK

Receipt of Payment

MINDPATH HEALTH
 5003 S MIAMI BLVD, STE 300
 DURHAM, NC 27703-8589
 P: (919) 792-3938 / F: (866) 654-3341

Printed Date: 05/06/2025

RESPONSIBLE PARTY	
SCHUMACHER, ELIZABETH	Account Number: 485726
██████████	██████████
██████	
████████████████████	

PATIENT INFORMATION	
SCHUMACHER, ELIZABETH	Chart Number: 56414
██████████	██████████
██████	██████████
████████████████████	
Financial Class: PRIVATE INSURANCE	

DOS	POS	Code	Description	Modifiers	Diagnosis	Units	Charges	Ins Payment	Pt Payment	Adjustment
10/17/2024	10	99214	OFFICE/OUTPATIENT VISIT, EST		F41.1;F42.2	1	\$329.00			
							\$329.00	\$0.00	\$0.00	\$0.00

	Unapplied:	0-30	31-60	61-90	91-120	121+	Total
Patient Balance:	\$0.00	\$0.00	\$0.00	\$0.00	\$329.00	\$329.00	\$658.00
Insurance Balance:	\$144.79	\$304.00	\$0.00	\$0.00	\$0.00	\$0.00	\$159.21

BILLING PROVIDER	BILLING PROVIDER NPI	BILLING PROVIDER TAX ID
DEEN,RYAN	1164799037	65-0836417
RENDERING PROVIDER	RENDERING PROVIDER NPI	RENDERING PROVIDER TAX ID
DEEN,RYAN	1164799037	65-0836417

* TP = Transferred Payment

Receipt of Payment

MINDPATH HEALTH
 5003 S MIAMI BLVD, STE 300
 DURHAM, NC 27703-8589
 P: (919) 792-3938 / F: (866) 654-3341

Printed Date: 05/06/2025

RESPONSIBLE PARTY	
SCHUMACHER, ELIZABETH	Account Number: 485726
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

PATIENT INFORMATION	
SCHUMACHER, ELIZABETH	Chart Number: 56414
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Financial Class: PRIVATE INSURANCE	

DOS	POS	Code	Description	Modifiers	Diagnosis	Units	Charges	Ins Payment	Pt Payment	Adjustment
		PI	PAYMENT - INSURANCE EFT					\$144.79		
Unapplied		Check/Auth #: 211866106					\$0.00	\$144.79	\$0.00	\$0.00

	Unapplied:	0-30	31-60	61-90	91-120	121+	Total
Patient Balance:	\$0.00	\$0.00	\$0.00	\$0.00	\$329.00	\$329.00	\$658.00
Insurance Balance:	\$144.79	\$304.00	\$0.00	\$0.00	\$0.00	\$0.00	\$159.21

BILLING PROVIDER	BILLING PROVIDER NPI	BILLING PROVIDER TAX ID
DEEN, RYAN	1164799037	65-0836417
RENDERING PROVIDER	RENDERING PROVIDER NPI	RENDERING PROVIDER TAX ID
DEEN, RYAN	1164799037	65-0836417

* TP = Transferred Payment

Receipt of Payment

MINDPATH HEALTH
 5003 S MIAMI BLVD, STE 300
 DURHAM, NC 27703-8589
 P: (919) 792-3938 / F: (866) 654-3341

Printed Date: 05/06/2025

RESPONSIBLE PARTY	
SCHUMACHER, ELIZABETH	Account Number: 485726
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

PATIENT INFORMATION	
SCHUMACHER, ELIZABETH	Chart Number: 56414
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Financial Class: PRIVATE INSURANCE	

DOS	POS	Code	Description	Modifiers	Diagnosis	Units	Charges	Ins Payment	Pt Payment	Adjustment
02/03/2025	10	99214	OFFICE/OUTPATIENT VISIT, EST		F41.1;F42.2	1	\$329.00			
							\$329.00	\$0.00	\$0.00	\$0.00

	Unapplied:	0-30	31-60	61-90	91-120	121+	Total
Patient Balance:	\$0.00	\$0.00	\$0.00	\$0.00	\$329.00	\$329.00	\$658.00
Insurance Balance:	\$144.79	\$304.00	\$0.00	\$0.00	\$0.00	\$0.00	\$159.21

BILLING PROVIDER	BILLING PROVIDER NPI	BILLING PROVIDER TAX ID
DEEN,RYAN	1164799037	65-0836417
RENDERING PROVIDER	RENDERING PROVIDER NPI	RENDERING PROVIDER TAX ID
DEEN,RYAN	1164799037	65-0836417

* TP = Transferred Payment

Florida Panhandle Anesthesia Associates

PO BOX 735006
 Dallas TX 753735006
 Forward Service Requested

Please complete payment information

Account No.	Statement Date	Amount Due
FPH-2917	03/25/2025	2,800.00
Mail Pay	Enter Payment Amount \$	
by Check	Payable to: Florida Panhandle Anesthesia Associates	Check No.
Online Pay	PayWool.com (Form ID: 420499917)	

Scan to Pay



If there has been any changes to your mailing address, contact information or insurance please call 800-959-5509 to update your account record.



9487 1 AB 0.593

ELIZABETH SCHUMACHER



0250215-NEX830520 F
 TS.1GRP_1-009487-T:33



Florida Panhandle Anesthesia Associates
 PO BOX 735006
 DALLAS TX 75373-5006



Check if your billing information has changed. Provide update(s) above or on the reverse side.

Please detach and return top portion with payment.

Messages

- * Denotes still waiting insurance processing

Statement Detail Statement Date: 03/25/2025 Account No. FPH-2917

Date	Description	Charge	Insurance	Patient
01/07/2025	00731 ANESTHESIA UPPER GI ENDOSCOPIC PX NOS PROVIDER: TRAVIS J. AKE, CRNA LOCATION: NORTHWEST FLORIDA ASC LP	2,800.00		2,800.00
02/17/2025	DENIAL: THE DISPOSITION OF THIS CLAIM			
03/20/2025	DENIAL: COVG. NOT IN EFFECT AT TIME OF			



Amount Due
2,800.00

1/1
 10000000

Bay Pathology Associates, P.A.

760 Airport Drive
P.O. Box 15759
Panama City, Florida 32406-5759
Telephone (850) 763-0260

This statement is for Pathology Services
(A separate Charge is made by the
Hospital or Referring Physician)

Use Reverse Side For
Insurance And Credit Card
Information

ELIZABETH SCHUMACHER
[REDACTED]

Patient ELIZABETH SCHUMACHER
Ref. Phys. CHAN CESAR MD
Adm. Date
Acct. No. 120488

Balance 342.00 Billing Date 04-17-2025

▲ To insure proper credit to your account - Detach on dotted line and return top portion with payment ▲

SVC. DATE	CODE	DESCRIPTION OF SERVICE	CHARGES	PAY/ADJ	BALANCE
-----------	------	------------------------	---------	---------	---------

01-07-25	88305	LEVEL IV SURG PATHOL BCBS OF FL PMT	342.00	0.00	
----------	-------	--	--------	------	--

BAY PATHOLOGY ASSOCIATES, P.A.
David M. Weinrach, M.D.
Brandon B. Shetuni, M.D.

Fed. I.D. #
59-1548765

CHECK SHOULD BE MADE PAYABLE TO:
BAY PATHOLOGY ASSOCIATES, P.A.

MAIL TO:
P.O. Box 15759
Panama City
Florida 32406-5759

*****BALANCE DUE UPON RECEIPT*****

ACCOUNT: 120488

PRIMARY INS: BCBS FL
SECONDARY INS:

← PLEASE PAY THIS AMOUNT
342.00



Statement Date 04/17/25
 Account Number 143402
 Guarantor Name ELIZABETH SCHUMACHER

PAYMENT OPTIONS

For your convenience, we offer a variety of payment methods.

AMOUNT DUE

\$1,432.00

You have a balance that is now due.

Pay by phone (850) 784-2105
 M-TH 8am-5pm Central Time
 Fri 8am-12pm Central Time

Pay online
<https://pay.instamed.com/PCGI>

To initiate the process for submitting a grievance, please contact Northwest FL Gastroenterology Center at 850-747-0825 or email Trehberg@amsurg.com with the word "grievance" included in the subject line. Please provide the Patient Name and Contact info, and our customer service team will respond promptly to help reach a resolution.

DATE	DESCRIPTION OF SERVICE	AMOUNT	INS. BAL	PAT. BAL	LINE ITEM BAL
01/07/25	ENCOUNTER 204013 FOR ELIZABETH WITH NORTHWEST FL GASTROENTEROLOGY CENTER				
01/07/25	43239 - UPPER GI ENDOSCOPY, BIOPSY	\$1,432.00		\$1,432.00	
01/23/25	Primary Insurance Adjustment	-\$1,432.00			
01/23/25	Primary Insurance Payment	\$0.00			
03/27/25	Cash Pay Discount	-\$859.44			
03/27/25	ZApplied Encounter / Invoice Credit	-\$572.56			
03/27/25	Primary Insurance Adjustment	\$1,432.00			
04/16/25	Primary Insurance Adjustment	\$1,432.00			
04/16/25	Primary Insurance Payment	\$0.00			
04/16/25	Primary Insurance Payment	\$0.00			
04/16/25	Primary Insurance Adjustment	\$0.00			
	ENCOUNTER TOTAL	\$1,432.00	\$0.00	\$1,432.00	\$1,432.00

CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	DUE FROM PATIENT
\$1,432.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,432.00	\$1,432.00

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT **STATEMENT** * IDENTIFICATION CODE: LAST THREE DIGITS ON BACK OF MC, DISCOVER, AND VISA AMEX. 4 DIGIT NUMBER PRINTED ABOVE ACCOUNT NUMBER ON THE FACE OF CARD

MAKE CHECKS PAYABLE TO

NORTHWEST FL GASTROENTEROLOGY CENTER
 204 B EAST 19TH STREET
 PANAMA CITY, FL 32405-4707

Thank you for choosing us for your healthcare needs

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

ADDRESSEE

QIM0417A 976 1 MB 0.622
 4000003204 2643/1

ELIZABETH SCHUMACHER



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IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMEX, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 CASH
 AMEX

CARD NUMBER _____ EXP. DATE _____ ID CODE _____

NAME ON CARD _____ SIGNATURE _____

STATEMENT DATE: 04/17/25 PAY THIS AMOUNT: \$1,432.00 ACCOUNT NUMBER: 143402

*LAST THREE DIGITS ON BACK OF CREDIT CARD SHOW AMOUNT PAID HERE \$ _____

REMIT TO



NORTHWEST FL GASTROENTEROLOGY CENTER
 204 B EAST 19TH STREET
 PANAMA CITY, FL 32405-4707



DIGESTIVE DISEASES CENTER
 204 E. 19TH STREET
 PANAMA CITY, FL 32405

Billing Questions (850) 784-2105
PAGE 1 / 1

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMEX, FILL OUT BELOW.
 CHECK CARD USING FOR PAYMENT

MASTERCARD MASTER
 DISCOVER DISCOVER
 VISA VISA
 AMEX AMEX

CARD NUMBER _____ EXP. DATE _____ * ID CODE _____

NAME ON CARD _____ SIGNATURE _____

STATEMENT DATE **04/08/25** PAY THIS AMOUNT **\$1,277.10** ACCOUNT NUMBER **110214**

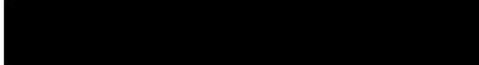
*LAST THREE DIGITS ON BACK OF CREDIT CARD SHOW AMOUNT PAID HERE \$ _____

ADDRESSEE

XI10409A 761 1 AV 0.545
 7000000762 00.0003.0003 761/1



ELIZABETH SCHUMACHER



PLEASE REMIT TO

DIGESTIVE DISEASES CENTER
 204 E. 19TH STREET
 PANAMA CITY FL 32405-4707

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

* IDENTIFICATION CODE: LAST THREE DIGITS ON BACK OF MC, DISCOVER, AND VISA AMEX. 4 DIGIT NUMBER PRINTED ABOVE ACCOUNT NUMBER ON THE FACE OF CARD

DATE	PATIENT	PROVIDER	CPT4	DESCRIPTION OF SERVICE	CHARGE	RECEIPT FROM INS.	RECEIPT FROM PAT.	ADJUST.	INS. BAL.	PAT. BAL.
12/02/24	Elizabeth	Chan	99204	OFFICE/OUTPATIENT VISIT, NEW	\$450.00		\$95.00		\$0.00	\$355.00
12/23/24	Elizabeth	Chan	99214	OFFICE/OUTPATIENT VISIT, EST	\$260.00		\$65.00		\$0.00	\$195.00
01/07/25	Elizabeth	Chan	43239	UPPER GI ENDOSCOPY, BIOPSY	\$750.00		\$282.90		\$0.00	\$467.10
01/21/25	Elizabeth	Chan	99214	OFFICE/OUTPATIENT VISIT, EST	\$260.00				\$0.00	\$260.00
CURRENT					30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	
\$1,277.10					\$0.00	\$0.00	\$0.00	\$0.00	\$1,277.10	DUE FROM PATIENT
										\$1,277.10

Thank You for choosing Digestive Diseases Center

April 04, 2025

ELIZABETH SCHUMACHER



Proof of coverage enclosed

Member ID:
Reference number:


T20250404287748676

Dear Elizabeth,

Your proof of coverage is enclosed. Ask your human resources contact whether you need to show it if enrolling in a group health plan and:

- the group plan you are enrolling into won't cover a medical condition you were diagnosed within the 6 months before enrollment; or
- you were advised to seek, or received, medical advice, a diagnosis, care, or treatment in that time frame.

You may also need this document to prove your right to buy individual or family (non-employer) coverage that doesn't exclude pre-existing medical conditions.

Need help?

If you have any questions about this letter or the Certificate of Creditable Coverage, call us at 800-664-5295. (Hearing impaired members dial 711 via TTY.)

Thanks for letting us serve you,
Your Florida Blue Customer Service Team



Florida Blue
P.O. Box 45074
Jacksonville, FL 32232-5074
floridablue.com

800-352-2583

Certificate of Creditable Coverage

Name of Insured Group/Employer: BlueOptions Lower Premium 05904

This Certificate of Creditable Coverage is provided to:

Policyholder: **Elizabeth Schumacher**
Contract No.: **[REDACTED]**
Type Coverage: **Individual Coverage**

This Certificate of Creditable Coverage applies to:

Policyholder: Elizabeth Schumacher
Coverage Effective Date: 01/01/2019
Coverage Termination Date: 09/30/2024

Our records show that your employer does not require a waiting period between the date of hire and the start date of coverage. Therefore, you are eligible for coverage on the date of hire.

Need help?

If you need additional information about this certification, please call toll-free, 800-352-2583.